



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

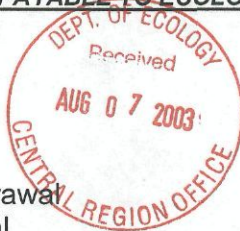
For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____



FOR OFFICE USE ONLY

CHANGE No. _____ WRIA 39

DATE ACCEPTED 08/26/03 BY [Signature]

FEE \$ 10.00 REC'D 8 / 7 / 03

CHECK No. 2993

SEPA: ☐ Exempt ☐ Not Exempt

3 OF 6

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****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Trendwest Investments, Inc.	PHONE NO. (509) 649-3000	FAX NO. (509) 649-3059
ADDRESS P.O. Box 887 / 109 South First Street		
CITY Roslyn	STATE WA	ZIP CODE 98941

CONTACT NAME (IF DIFFERENT FROM ABOVE) Joe Mentor, Jr. % Mentor Law Group, PLLC	PHONE NO. (206) 493-2300	FAX NO. (206) 493-2310
ADDRESS 2025 First Avenue, Suite 1100		
CITY Seattle	STATE WA	ZIP CODE 98121

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Claim No. 01724 (Hundley Ranch)	RECORDED NAME(S) Pautzke Bait Co., Inc. Trendwest Resorts, Inc.
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

C54-01724 CTCL@3

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): CS4-YRB07CC01724@1, CS4-YRB07CC01724@2 & CS4-YRB07CC01724@3.

6. Remarks and Other Relevant Information:

* Cle Elum River Diversions will not be used to divert Trendwest water rights when stream flows are at or below levels Recommended by the Bureau of Reclamation, Yakima Field Office, in consultation with the System Operations Advisory Committee (SOAC) or three hundred cubic feet per second, whichever is less.
A portion of this water right was previously transferred under authorizations CS4-YRB07CC01724@3 & CS4-01724(C)CTCL. The intent of this change application is to transfer the remaining, nonconsumptive portion of this right for additional nonconsumptive uses within the proposed place of use.
IF FOR SEASONAL OR TEMPORARY, START DATE __/__/__ END DATE __/__/__

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Charles C. Conhill, V.P.</u> (Applicant)	<u>7/24/23</u> (Date)
<u>Same as Above</u> (Water Right Holder)	<u> </u> (Date)
<u>See Supporting Documentation</u> (Land Owner(s) of Existing Place of Use)	<u> </u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

APPLICATION FEE NOT ENCLOSED	MAP NOT INCLUDED or INCOMPLETE
ADDITIONAL SIGNATURES REQUIRED	SECTION _____ IS INCOMPLETE
OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____